

Collaborative Staging Codes**Parotid Gland****C07.9**

C07.9 Parotid gland

Note: Laterality must be coded for C07.9**Parotid Gland****CS Tumor Size**

See Standard Table

Parotid Gland**CS Extension (Revised: 08/14/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin Multiple foci confined to substance of parotid gland	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Another major salivary gland (submaxillary, sublingual) Periglandular soft/connective tissue including macroscopic extraparenchymal extension Pharyngeal mucosa Skeletal muscle: Digastric Masseter Pterygoid Sternocleidomastoid Stylohyoid	T3	RE	RE
42	External auditory meatus Skin overlying gland	T4a	RE	RE
45	Periosteum of mandible	T4a	RE	RE
50	Auricular nerve Mandible Mastoid	T4a	RE	RE
70	Facial (7th) nerve	T4a	RE	D
72	Spinal accessory nerve	T4a	RE	D

75	Major blood vessel(s): Carotid artery Facial artery or vein Jugular vein Maxillary artery	T4b	RE	RE
76	Base of skull Skull, NOS	T4b	RE	D
77	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Parotid Gland**CS TS/Ext-Eval****SEE STANDARD TABLE****Parotid Gland****CS Lymph Nodes (Revised: 08/21/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Parotid nodes Infra-auricular Intraparotid Periparotid	*	RN	RN

10 cont'd	Preauricular Cervical, NOS Deep cervical, NOS Facial Internal jugular Mandibular, NOS Regional lymph node, NOS	*	RN	RN
11	Single positive ipsilateral regional node: Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular	*	D	RN
12	Single positive ipsilateral regional node: Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Parapharyngeal Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN

20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
21	Multiple positive ipsilateral nodes listed in code 11	*	D	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN
31	Regional lymph nodes as listed in code 11: Positive ipsilateral node(s), not stated if single or multiple	*	D	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
41	Regional lymph nodes as listed in code 11: Positive bilateral or contralateral nodes	*	D	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
51	Regional lymph nodes as listed in code 11: Positive node(s) not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS, no other information	*	RN	RN
99	Unknown; not stated; Not documented in patient record Regional lymph node(s) cannot be assessed	NX	U	U

Parotid Gland**Reg LN Pos****SEE STANDARD TABLE****Parotid Gland****Reg LN Exam****SEE STANDARD TABLE****Parotid Gland****CS Mets at DX (Revised: 02/22/2005)**

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Collaborative Staging Codes**Submandibular Gland****C08.0**

C08.0 Submandibular Gland

Note: Laterality must be coded for C08.0**Submandibular Gland****CS Tumor Size****SEE STANDARD TABLE****Submandibular Gland****CS Extension (Revised: 08/14/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Another major salivary gland (parotid, sublingual) Periglandular soft/connective tissue including macroscopic extraparenchymal extension Skeletal muscle: Digastric Genioglossus Geniohyoid Hyoglossus Mylohyoid Palatoglossus Pterygoid Styloglossus Stylohyoid	*	RE	RE
45	Periosteum of mandible	T4a	RE	RE
50	Mandible Nerves: Facial (7th) Lingual	T4a	RE	RE
51	External auditory meatus	T4a	D	D

52	Major blood vessels: Carotid artery Facial artery or vein Maxillary artery	T4b	RE	RE
71	Base of skull Skull, NOS	T4b	RE	D
72	Spinal accessory nerve	T4a	RE	D
77	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Submandibular Gland**CS TS/Ext-Eval****SEE STANDARD TABLE****Submandibular Gland****CS Lymph Nodes (Revised: 08/22/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Level II node Jugulodigastric (subdigastric) Upper deep cervical	*	RN	RN

10 cont'd	Upper jugular Level III node Middle deep cervical Mid jugular Cervical, NOS Deep cervical, NOS Internal jugular, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN
12	Single positive ipsilateral regional node: Level IV node Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D

29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral nodes(s), not stated if single or multiple	*	RN	RN
32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Submandibular Gland**Reg LN Pos****SEE STANDARD TABLE****Submandibular Gland****Reg LN Exam****SEE STANDARD TABLE**

Submandibular Gland**CS Mets at DX (Revised: 02/22/2005)**

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Collaborative Staging Codes**Other and Unspecified Major Salivary Glands****C08.1, C08.8-C08.9**

C08.1 Sublingual gland

C08.8 Overlapping lesion of major salivary glands

C08.9 Major salivary gland, NOS

Note: Laterality must be coded for C08.1**Other and Unspecified Major Salivary Glands****CS Tumor Size****SEE STANDARD TABLE****Other and Unspecified Major Salivary Glands****CS Extension (Revised: 08/14/2006)**

Code	Description	TNM	SS77	SS2000
00	In situ; non-invasive; intraepithelial	Tis	IS	IS
10	Invasive tumor confined to gland/duct of origin	*	L	L
30	Localized, NOS	*	L	L
35	Microscopic extraparenchymal extension ONLY	*	RE	RE
40	Extension to: Another major salivary gland (parotid, submandibular) Periglandular soft/connective tissue including extraparenchymal extension Skeletal muscle: Digastric Pterygoid Stylohyoid	T3	RE	RE
45	Periosteum of mandible	T4a	RE	RE
51	Mandible Nerves: Facial (7th) Lingual	T4a	RE	RE
60	Skin	T4a	D	D
62	External auditory meatus	T4a	D	D
65	Blood vessel(s): Carotid artery Facial artery or vein Maxillary artery	T4b T4b	RE RE	RE RE

71	Base of skull Skull, NOS	T4b	RE	D
72	Spinal accessory nerve	T4a	RE	D
79	Pterygoid plates	T4b	D	D
80	Further contiguous extension	T4b	D	D
95	No evidence of primary tumor	T0	U	U
99	Unknown extension Primary tumor cannot be assessed Not documented in patient record	TX	U	U

Other and Unspecified Major Salivary Glands**CS TS/Ext-Eval****SEE STANDARD TABLE****Other and Unspecified Major Salivary Glands****CS Lymph Nodes (Revised: 08/22/2006)**

Note 1: For head and neck schemas, this field includes all lymph nodes defined as Levels I-VII and Other by AJCC.

Note 2: For head and neck schemas, additional information about lymph nodes (size of involved nodes, extracapsular extension, and levels involved) is coded in Site-Specific Factors 1-6.

Note 3: If laterality of lymph nodes is not specified, assume nodes are ipsilateral. Midline nodes are considered ipsilateral.

Note 4: For head and neck cancers, if lymph nodes are described only as "supraclavicular", try to determine if they are in Level IV (deep to the sternocleidomastoid muscle, in the lower jugular chain) or Level V (in the posterior triangle, inferior to the transverse cervical artery) and code appropriately. If the specific level cannot be determined, consider them as Level V nodes.

Code	Description	TNM	SS77	SS2000
00	None; no regional lymph node involvement	N0	NONE	NONE
10	Single positive ipsilateral regional node: Level I node Submandibular (submaxillary) Submental Cervical, NOS Mandibular, NOS Regional lymph node, NOS	*	RN	RN

12	Single positive ipsilateral regional node: Level II node Upper deep cervical Upper jugular Level III node Middle deep cervical Mid jugular Level IV node Lower deep cervical Lower jugular Level V node Posterior cervical Posterior triangle (spinal accessory and transverse cervical) (upper, middle, and lower corresponding to the levels that define upper, middle, and lower jugular nodes) Level VI node Anterior deep cervical Laterotracheal Paralaryngeal Paratracheal Prelaryngeal Pretracheal Recurrent laryngeal Level VII node Upper mediastinum (for other mediastinal nodes see CS Mets at DX) Other groups Intraparotid Parapharyngeal Periparotid Retropharyngeal Sub-occipital Supraclavicular, NOS (See Note 4)	*	D	D
18	Stated as N1, no other information	N1	RN	RN
19	Stated as N2a, no other information	N2a	RN	RN
20	Multiple positive ipsilateral nodes listed in code 10	*	RN	RN
22	Multiple positive ipsilateral nodes listed in code 12	*	D	D
29	Stated as N2b, no other information	N2b	RN	RN
30	Regional lymph nodes as listed in code 10: Positive ipsilateral node(s), not stated if single or multiple	*	RN	RN

32	Regional lymph nodes as listed in code 12: Positive ipsilateral node(s), not stated if single or multiple	*	D	D
40	Regional lymph nodes as listed in code 10: Positive bilateral or contralateral nodes	*	RN	RN
42	Regional lymph nodes as listed in code 12: Positive bilateral or contralateral nodes	*	D	D
49	Stated as N2c, no other information	N2c	RN	RN
50	Regional lymph nodes as listed in code 10: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	RN	RN
52	Regional lymph nodes as listed in code 12: Positive node(s), not stated if ipsilateral, or bilateral, or contralateral AND not stated if single or multiple	*	D	D
60	Stated as N2, NOS	N2NOS	RN	RN
70	Stated as N3, no other information	N3	RN	RN
80	Lymph nodes, NOS	*	RN	RN
99	Unknown; not stated Regional lymph node(s) cannot be assessed Not documented in patient record	NX	U	U

Other and Unspecified Major Salivary Glands**Reg LN Pos****SEE STANDARD TABLE****Other and Unspecified Major Salivary Glands****Reg LN Exam****SEE STANDARD TABLE**

Other and Unspecified Major Salivary Glands**CS Mets at DX (Revised: 02/22/2005)**

Note: Supraclavicular and transverse cervical lymph nodes are now coded in CS Lymph Nodes because they are categorized as N rather than M in AJCC TNM. Any cases coded to 10 or 50 can be reviewed and recoded. The volume of cases affected should be small.

Code	Description	TNM	SS77	SS2000
00	No; none	M0	NONE	NONE
10	Distant lymph node(s)	M1	D	D
40	Distant metastases except distant lymph node(s) (code 10) Distant metastasis, NOS Carcinomatosis	M1	D	D
50	(10) + (40) Distant lymph node(s) plus other distant metastases	M1	D	D
99	Unknown if distant metastasis Distant metastasis cannot be assessed Not documented in patient record	MX	U	U

Site Specific Surgery Codes

Parotid and Other Unspecified Glands

Parotid Gland C079, Major Salivary Glands C080–C089

(Except for M9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 10 Local tumor destruction, NOS
 - 11 Photodynamic therapy (PDT)
 - 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
 - 13 Cryosurgery
 - 14 Laser

No specimen sent to pathology from surgical events 10–14

- 20 Local tumor excision, NOS
 - 26 Polypectomy
 - 27 Excisional biopsy

Any combination of 20 or 26–27 WITH

- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation

[SEER Note: Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

- 25 Laser excision

Specimen sent to pathology from surgical events 20–27

[SEER Note: Codes 30-80 include major salivary gland, NOS]

- 30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS
 - 31 Facial nerve spared
 - 32 Facial nerve sacrificed
- 33 Superficial lobe ONLY
 - 34 Facial nerve spared
 - 35 Facial nerve sacrificed
- 36 Deep lobe (Total)

[SEER Note: With or without superficial lobe]

- 37 Facial nerve spared
- 38 Facial nerve sacrificed

[**SEER Note:** Codes 40-80 include submandibulectomy; submaxillectomy]

- 40 Total parotidectomy, NOS; total removal of major salivary gland, NOS
 - 41 Facial nerve spared
 - 42 Facial nerve sacrificed
- 50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
 - 51 WITHOUT removal of temporal bone
 - 52 WITH removal of temporal bone
 - 53 WITH removal of overlying skin (requires graft or flap coverage)
- 80 Parotidectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY